

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>FILED</b> JUL 29 2009 CITY OF SANTA MARIA BY: <i>[Signature]</i> City Clerk	CALIFORNIA FORM	460
	Page <u>1</u> of <u>7</u> For Official Use Only	

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

## 2. Type of Statement:

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
**1307852**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

## Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

1212 S Victory Blvd

CITY

Burbank

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd

CITY

Burbank

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

STATE CA ZIP CODE 91502 AREA CODE/PHONE (818) 260-0669

STATE CA ZIP CODE 91502 AREA CODE/PHONE (818) 260-0669

CITY Burbank

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/23/2009  
Date

By Kinde Durkee

Executed on 07/23/2009  
Date

By Mike Cordero

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Signature of Treasurer or Assistant Treasurer  
*[Signature]*

Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

# **Recipient Committee Campaign Statement Cover Page — Part 2**

CALIFORNIA  
FORM **460**

Page **2** of **7**

## **5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

**Mike Cordero**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

**City Council Member, City Of Santa Maria, District: n/a**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**1212 S Victory Blvd Burbank CA 91502**

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## **6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## **7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <b>01/01/2009</b> through <b>06/30/2009</b>		CALIFORNIA <b>460</b> FORM	
		Page <b>3</b> of <b>7</b>	
NAME OF FILER <b>Friends Of Mike Cordero</b>		I.D. NUMBER <b>1307852</b>	

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 500.00	\$ 500.00
2. Loans Received	Schedule B, Line 3	0.00	26200.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	500.00	26700.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	500.00	26700.00

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 15310.00	\$ 15310.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	15310.00	15310.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-15000.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTALEXPENDITURES MADE	Add Lines 8 + 9 + 10	310.00	15310.00

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 14917.91	\$ 500.00
13. Cash Receipts	Column A, Line 3 above	500.00	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	15310.00
15. Cash Payments	Column A, Line 8 above	107.91	107.91
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	14917.91	15310.00

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
17. LOAN GUARANTEES RECEIVED	Schedule E, Part 2	\$ 0.00	\$ 0.00
18. Cash Equivalents	See instructions on reverse	0.00	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	26200.00	26200.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

\*Amounts in this section may be different from amounts reported in Column B.

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

## SCHEDULE A

Statement covers period

CALIFORNIA 460  
FORM

from 01/01/2009

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

## Friends Of Mike Cordero

I.D. NUMBER

**1307852**

DATE  
RECEIVED

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
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AMOUNT  
RECEIVED THIS  
PERIOD

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

PER ELECTION  
TO DATE  
(IF REQUIRED)

01/29/2009

Greg Carroll  
222 E Cook St  
Santa Maria  
CA 93454

**Sargeant**

**City of Santa Maria**

**500.00**

**500.00**

**\$500.00 G2008**

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....

2. Amount received this period – unitemized monetary
3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 500.00

FPPC Form 460 (January/05)

**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**

# **Schedule B - Part 1** **Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from **01/01/2009**  
through **06/30/2009**

Page **5** of **7**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Friends Of Mike Cordero**

I.D. NUMBER

**1307852**

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<b>Mike Cordero</b>	<b>Lieutenant</b>	\$ 21171.18	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 21171.18	0.00% RATE	\$ 3128.89	CALENDAR YEAR \$ 0.00 PER ELECTION ** \$26200.00 G2008
<b>1324 Ruby Court</b> <b>Santa Maria CA 93454</b>	<b>Santa Maria Police Department</b>		\$ 0.00					
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>Mike Cordero</b>	<b>Lieutenant</b>	\$ 3828.82	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 3828.82	0.00% RATE	\$ 3828.82	CALENDAR YEAR \$ 0.00 PER ELECTION ** \$26200.00 G2008
<b>1324 Ruby Court</b> <b>Santa Maria CA 93454</b>	<b>Santa Maria Police Department</b>		\$ 0.00					
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>Mike Cordero</b>	<b>Lieutenant</b>	\$ 1200.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1200.00	0.00% RATE	\$ 1200.00	CALENDAR YEAR \$ 0.00 PER ELECTION ** \$26200.00 G2008
<b>1324 Ruby Court</b> <b>Santa Maria CA 93454</b>	<b>Santa Maria Police Department</b>		\$ 0.00					
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS</b>		<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 26200.00</b>	<b>\$ 0.00</b>		

## **Schedule B Summary**

- Loans received this period ..... \$ **0**  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ **0**  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

†Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE

Statement covers period  
from **01/01/2009**  
through **06/30/2009**

Page **6** of **7**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Friends Of Mike Cordero**

I.D. NUMBER

**1307852**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Durkee &amp; Associates</b>				
1212 S Victory Bl				
Burbank CA 91502	PRO			250.00
<b>Freeman Public Affairs</b>				
1405 Marcelina Ave #111				
Torrance CA 90501	CNS			12000.00
<b>Freeman Public Affairs</b>				
1405 Marcelina Ave #111				
Torrance CA 90501	CNS			3000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 15250.00**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 15250.00
2. Unitemized payments made this period of under \$100	\$ 60.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 15310.00</b>



